



## As Death Nears

*F*rail from advanced cancer, Aunt Robin lingered. Twice during her final weeks she turned her gaze out across the room as if seeing someone or something the rest of us could not see. In those moments she would say nothing, but she would smile gently and appear to relax. One Tuesday Aunt Robin awoke early and insisted we call her only son, Craig, a busy surgeon in a neighboring county. By the time Craig arrived, his mother's breathing had grown shallow. She looked up at him fondly as they held hands, then she closed her eyes. Within minutes she was dead.



**M**any people sense death's approach. Some even seem to have a degree of control over when they die, holding out for the right time or place or company. Some dying people report seeing and talking to loved ones who already have died. People near death often become confused trying to describe the experience. They also might have trouble expressing needs and desires.

The dying process is emotionally and physically taxing for everyone involved. It evokes deep feelings of loss and sadness. But it also can deepen and enrich a relationship. It can be a time of caring and sharing, a time of closure and peace, a time in which the dying person and loved ones share special gifts.

### **GETTING HELP FROM HOSPICE**

Dying people often want to spend their remaining days at home with family and friends. Hospice home-care enables a patient to live in peace and dignity and helps family members cope. Hospice,

available nationwide, offers the support of a diverse team of professionals, including the patient's physician, registered nurses, social workers, chaplains, home-care aides, trained volunteers, and professional bereavement counselors.

Hospice serves those with a life expectancy of only months or weeks if someone will care for the patient at home and work closely with hospice. Although every effort is made to ease the dying person's pain, their death is neither hastened nor postponed. The goal is to help patients and families prepare mentally and spiritually for death. Trained bereavement counselors are available to help family members and friends cope with their loss. For more information, check with your healthcare provider, or call your local hospice.

### **UNDERSTANDING THE FEAR OF DYING**

Dying is a complex psychological experience. Think how difficult it would be to lose a person you care deeply about. The dying person's sense of loss



is even greater: She faces losing not one special person, but everyone. She also feels the loss of opportunity, familiar places, and valued possessions.

The thoughts, emotions and feelings of dying people are many and varied. Each case is unique because each person who looks death in the face is unique. Death and dying can be frightening. There is fear of:

- giving up family, cherished friends and a familiar lifestyle;
- giving up the job that so many of us identify with;
- being unable to complete tasks, unable to tie up loose ends;
- losing independence;
- feeling pain;
- not knowing what comes next, what else must be endured, what being dead will be like.

Years ago Dr. Elizabeth Kubler-Ross outlined five emotional stages people go through after learning they will die. They are:

- **Denial.** Refusing to believe the news. (No, not me!)
- **Anger.** Resenting what is happening. (Why me?)
- **Bargaining.** Attempting to postpone death. (Yes, me, but first . . .)
- **Depression.** Anguishing over losing everything. (What's the use?)
- **Acceptance.** Coming to terms with reality. (Yes, I'm ready now.)

A dying person might not go through all the stages, might combine some, or might move in and out of them.

Dying and grieving is a tremendous drain physically and emotionally. Changes in metabolism slow all the body's systems. The dying person might require more and more sleep. He might occasionally seem confused due to less oxygen in the blood and diminished circulation. He might not want as much to eat or drink; the dying body naturally conserves energy spent on such tasks. Don't blame yourself for a loved one's not eating.

## REACHING OUT

It is important to communicate effectively with dying people. Take time to listen, to be with them, to express your feelings. Answer questions as best you can; refer them to someone else, such as a doctor, if you need to. And remember: A loving touch can be a powerful form of communication.

It also is important for family members, including children, to help care for the dying person. If they want to, allow children to rub lotion on the loved one or to brush her hair. This gives children a feeling of worth and an avenue for expressing their love. It also helps them to begin letting go. They will carry a comforting memory of doing what they could to help.

Allow the dying person to maintain her dignity. As much as possible, involve her in decisions. Show respect, be kind, express feelings of love and appreciation.

## RECOGNIZING DEATH'S APPROACH

Signs that death is imminent—only hours or days away—include:

- **Changes in the patient's breathing.** The breath may become irregular, speeding up and then slowing down. The breath may pause before starting again, or become very faint and quiet.
- **Difficulty swallowing.** Fluids should not be forced, but the mouth may be moistened with a damp sponge.
- **Disorientation.** The dying person might not recognize close friends and family members or might confuse them with one another. He might be confused about time and place or make restless, repetitive motions, such as pulling at bed linen or clothing. Don't try to keep him from doing these things, but you may calm him with a loving touch, a gentle voice, a passage from a favorite book, or a soothing song.
- **Loss of bowel and bladder control.** Urine flow often is reduced, and what little there is might appear tea colored. Sometimes mucus accumulates in the mouth, throat and lungs. Air flowing past the mucus might make a gurgling or rattling sound. The noise often is reduced by turning the person on her side.

- **Cold extremities.** The dying person's hands and feet and, eventually, legs and arms, might become cool to the touch. Circulation in the extremities is decreasing as blood is reserved for the most vital organs.
- **Sleepiness.** As the body's metabolism slows, dying people spend more and more time sleeping, appearing unresponsive and difficult to rouse. Be gentle; speak in a normal tone. Remember: A dying person often continues to hear even after the other senses have quit working.

### **PICKING UP ON FINAL MESSAGES**

People who are close to death might ramble or say things that seem confused or jumbled. Don't be too quick to disregard what they say or do. The messages they try to convey just before dying often are of great importance to them—and to us.

Maggie Callanan and Patricia Kelley, nurses who have written an excellent book on this topic, say dying people might express themselves through unusual behavior, symbolic language, or words that seem out of context. They might talk about destinations, the need to prepare for travel, or reconciling with a loved one. Callanan and Kelley offer the following advice:

- Pay close attention to what the dying person says and does. Discuss with other family members and friends the loved one's comments and gestures.
- Accept what a dying person says or does. If he says, "I see a beautiful place!" you might respond: "That's wonderful. Tell me what it's like."
- Ask open-ended questions in an encouraging manner. If the person alludes to visiting his dead mother, you might say: "I'm glad you feel close to her. Can you tell me more?"
- Remember that a dying person might invoke images or use language reflective of personal experience. For example, a former pilot might talk about getting ready for takeoff. You might

ask: "When will the plane leave?" Or: "Is there anything I can do to help you get ready?"

- Don't prod, and avoid instilling a sense of failure. Helpful responses include: "We can try talking again later." Or: "Let me think about what you've said." Sometimes it's best simply to touch the dying person's hand, or smile and stroke his forehead.

And be ready with a goodbye just before that plane leaves.

### **REFERENCES AND SUGGESTED READING**

- Callanan, M. & Kelley, P. (1992). *Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying*. New York: Poseidon Press.
- Kubler-Ross, E. (1969). *On Death and Dying*. New York: Macmillan.

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